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Under the Panerwork Reduction Act of 1995 no persons are rec	culred to respond to a collection of inform	emark Office; U.S. DEPARTMENT OF COMME! after unless it contains a valid DMB control num						
Request	Application Number	10/091,834						
for Continued Examination (RCE)	Filing Date	March 6, 2002 HEC						
Transmittal	First Named Inventor	/ Artir Alon						
Address to: Mail Stop RCE	Art Unit	2825 SEP						
Commissioner for Patents P.O. Box 1450	Examiner Name	Noum B Levin						
Alexandria, VA 22313-1450	Attorney Docket Number	LB20020007US1						
This is a Request for Continued Examination (RCE) Request for Continued Examination (RCE) practice under 37 (1995, or to any design application. See Instruction Sheet for R  1.   Submission required under 37 CER 4 11d by	CFR 1.114 does not apply to any ut RCEs (not to be submitted to the US	lity or plant application filed prior to June 8 PTO) on page 2.						
amendments enclosed with the RCE will be entered in a applicant does not wish to have any previously field una amendment(s).	une order in which they were filed un entered emendment(s) entered, app	less applicent instructs otherwise. If licant must request non-entry of such						
Praviously submitted. If a final Office action is considered as a submission even if this box is	s outstanding, any emendments file is not checked.	d after the final Office action may be						
i. Consider the arguments in the Appeal I	Brief or Rely Brief previously filed or							
ii. Other b. Enclosed								
I. Amendment/Reply	iti. Information	Disclosure Statement (IDS)						
II. Affidavit(s)/ Declaration(s)	iv. Other	·						
2 <sub>th E</sub> Miscellaneous . neate to								
Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a 110 pportion of								
3. Fees The RCE fee under 37 CFR 1.17(e) is require	The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to							
i. RCE fee required under 37 CFR 1.17(e)								
ii. Extension of time fee (37 CPR 1,138 and 1		00						
b. Check in the amount of \$								
a. Payment by credit card (Form PTO-2038 andos	ed)							
WARNING: Information on this form m be included on this form. Provide cre	ay become public. Credit card inf dit card information and authoriz	ormation should not stion on PTO-2038.						
	INT, ATTORNEY, OR AGENT REG							
Name (Print/Type) Stephen C. Kaufman	Registrati	on No. (Attorney/Agent) 29, 551						
		LANT 17, 200Y						
CERTIFICATE OF	F MAILING OR TRANSMISSION							
	ori Florag Doetsi Kanica with cultivast as	estage as first class mall in an envelope						
hersby certify that this correspondence is being deposited with the Units addressed to: Mail Stop RCE, Commissioner for Patenta, P. C. Box 1450 Office on the date shown below,	), Alexandria, VA 22313-1450 or tacsimile	denimized to the U.S. Patent and Traceman						
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Trademork Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACORESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10091934

CLAIMS AS FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					RATE	FEE		RATE	FEE	
		NUMBER F	LED .	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS 30 minus 20=			•			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 7 minus 3 =			*			X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	1	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							SMALL E	NTITY	OR	OTHER SMALL		
NTA	7	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	• 28	Minus	5	0	=\ .	]	X\$ 9=		OR	X\$18=	
	Independent	• 9	Minus	*** /	7	= \		X43=		OR	X86=	\ ·
2	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	T CLAIM		5	+145=		OR	+290=	
						,	TOTAL ADDIT, FEE	,	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER IOUSLY I FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	8:8*R	444	•		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM	<u> </u>	ل	+145=		OR	+290=	
٠.							1	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3	<u>)                                    </u>					
AMENDMENT C	· .	CLAIMS REMAINING AFTER AMENDMENT	·	NUA PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	•	Minus	**		<b>#</b>		X\$ 9=		OR	X\$18=	
ME	Independ nt	•	Minus	244		-		X43=		OR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		٠,	105			.200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+1.45=		OR	+290= TOTAL	<b> </b>	
## If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FFF												
***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."  The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.												
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